COMBINED DECLARATION FOR PAIL T APPLICATION AND POWER OF ATTOR

ATTORNEY DOCKET NUMBER 30504-2

(Includes Reference to PCT International Applications) As a below named inventor, I (we) hereby declare that: My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: WEARABLE CONTINUOUS RENAL REPLACEMENT THERAPY DEVICE the specification of which (check only one item below): is attached hereto. was filed as United States application Serial No. 10/085,349 on November 16, 2001 and was amended (if applicable) was filed as PCT international application Number ___ and was amended under PCT Article 19 (if applicable) I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information that is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119 or §356 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America, listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed: PRIORITY CLAIMED COUNTRY APPLICATION NUMBER DATE OF FILING (if PCT, indicate "PCT") **UNDER 35 USC 119** (day, month, year) ☐ YES □ NO ☐ YES ☐ NO ☐ YES □ мо ☐ YES ☐ NO ☐ YES □ NO ☐ YES ☐ NO

Combined Declaration For Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)

ATTORNEY DOCKET NUMBER:

30504-2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U							T			
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ousi HEIS	ness in the Patent a SEY, Reg. No. 42,65	nd Trademark Offi	ce connected ther ARTINEZ, Reg. No	ewith: MITCH o. 42,845, all att	lowing attorney(s) and/or a ELL P. BROOK, Reg. No. 3 orneys with the firm of LUCI	2,967; PET E, FORWAI	ER K. HA RD, HAMI	HN, Reg. No. 3 LTON & SCRIF	4,833; DAVID PPS, which has	
Send Correspondence to: Mitchell P. Brook, Esq. LUCE, FORWARD, HAMILTON & SCRI 11988 El Camino Real, Suite 200 San Diego, California 92130				CRIPPS	RIPPS			Direct Telephone Calls to: (name and telephone number) Mitchell P. Brook (858) 720-6300		
2	FULL NAME OF INVENTOR	AME OF FAMILY NAME OR		FIRST GIVEN NAME			SECOND GIVEN NAME			
	RESIDENCE & CITIZENSHIP	Gura CITY		Victor STATE OR FOREIGN COUNTRY		1	COUNTRY OF CITIZENSHIP			
	OT ESTABLISHED	Beverly Hills		California		Ī	United States of America			
	POST OFFICE	POST OFFICE AD	POST OFFICE ADDRESS		CITY		STATE & ZIP CODE/COUNTRY			
	ADDRESS	1211 Laurel V	1211 Laurel Way		Beverly Hills		California, 90210, United States of America			
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME			SECOND GIVEN NAME			
2	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY		,	COUNTRY OF CITIZENSHIP			
	POST OFFICE ADDRESS	POST OFFICE ADDRESS		CITY		:	STATE & ZIP CODE/COUNTRY			
□ .	Additional inventors	are being named on t	he sunnleme	ntal Additional I	nventor(s) sheets(s) attached	hereto				
her	eby declare that all ter that these statement	statements made here	ein of my own kno	wledge are true willful false sta	and that all statements mad atements and the like so made ements may jeopardize the va	e on inform	able by fin	e or imprisonme	nt, or both, und	
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